Many psychosocial strengths improve with age, but individual differences in strengths become less important in older adulthood.

Abstract

Objective: To examine age and gender patterns in three strengths (community support, endurance, religious meaning making), and to explore whether the protective effects of strengths on trauma symptoms varies by age and gender.

Method: The sample was composed of 3,840 people from the southern U.S. between 2013 and 2018, with 89% of participants coming from counties with median household incomes below the national average.

Results & Conclusion: Regression analyses showed that the psychological strengths increased through the lifetime and trauma symptoms decreased through the lifetime. Although psychological strengths play an important role in resilience from trauma for much of the lifetime, as age increases the differences between those low in strengths and those higher in strengths decreases.

Introduction

• Many studies have been done on the importance of various strengths for a person's wellbeing, especially when facing trauma and adversity (Hill & Turiano, 2014; Koenig, Berk, Daher, Pearce, Bellingier, ... & King, 2014; Makikang & Kinnunen, 2003; Moor & Komiter, 2012; Thoits, 2012).
• The Resilience Portfolio Model describes the effect of protective factors and adversity on well-being (Grych, Hamby, & Banyard, 2015). This model also looks at the changes throughout the lifespan.
• Prior research has generally included samples with narrower age ranges.
• The goal of this study is to examine how the effect of particular strengths on trauma symptoms varies between gender and how it changes across the lifetime.

Method

Participants: This study combines data from four Resilience Portfolio Model studies. The sample was 3,840 individuals and was collected in the southern U.S. (TN, GA, AL, MS). The combined sample included people from 10 to 79 years of age (M=29.95, SD=14.54), and was 63% female. The sample identified as 75.7% White or European American, 11.9% Black or African American, 5% multiracial, 4.8% Latino, 1.2% American Indian, 0.9% Asian, & 0.3% Native Hawaiian/Pacific Islander.

Measures: The Psychological Endurance Scale (4 items) assesses one's ability to cope with severe challenges, coefficient α = .80. Purpose (2 items; α = .84) involves feeling like one has a sense of meaning in life. Religious Meaning-making (5 items; α = .90) assesses individuals' engagement in religious/spiritual practices. Community Support (6 items) assesses the degree to which one's neighbors get along and help one another (α = .82).

Compassion measures how people engage with others in a caring way (4 items, α = .87). Trauma symptoms (7 items, α = .88) assessed a range of feelings of dysphoria, anxiety, or guilt that are common with posttraumatic stress disorder and other anxiety and mood disorders. See Hamby et al., 2018 for all items.

Discussion

• Throughout the lifespan, strengths tend to increase while trauma symptoms decrease.
• Although endurance, religious meaning making, and community support play important roles in helping to decrease trauma symptoms for most of adolescence and adulthood, beginning at age 50, the impact lessens.
• Age changes in religious meaning making are likely due to developmental changes, such as timing of raising a family or facing more frequent deaths of loved ones as people age (see also Bengston et al., 2015; Denton et al., 2008).
• In general, psychological endurance or mental toughness increases with age (Marchant et al. 2009). This is consistent with our findings. This research extends prior research on one of these datasets into the years past 45 (Hagler et al. 2016).
• The changes we see across the lifetime in community support scores are consistent with previous research on social networks, such as the Socioemotional Selectivity Theory. As a person ages, they go through different developmental stages which affect their perspective on interpersonal relationships (Wurz et al 2013). This is evident especially in the decrease of community support scores from adolescence through early adulthood as well as the increase seen in later life.
• Although strengths increase over the lifetime, their effect on trauma symptoms weakens. This could be due to differences in the way trauma is perceived or dealt with. People of older age may be experiencing some type of mediating variable that affects their level of trauma symptoms more so than the three strengths we examined.

Limitations and Future Directions

• The current study included participants from the southern U.S., and future research should explore these patterns in other groups.
• Because the effect of strengths on trauma symptoms decreases toward the end of life, it is possible there is another variable that is causing this change, and future research could explore strengths more specific to that stage of life.
• Developing community support, psychological endurance, and religious meaning making may be an important intervention for adolescents and young adults (but may not be as important for older adults).

References


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